

Primary Medical Care Physician Survey

The Michigan Department of Community Health is attempting to analyze the availability of primary healthcare in your area for the purposes of Health Professional Shortage Area (HPSA) and Medically Underserved Area/Population (MUA/P) designation review. Areas qualifying for HPSA or MUA/P designation have Federal and State resources made available to them to assist in maintaining and expanding the area's primary care infrastructure. To collect the data required for this review, we need your assistance in filling out the survey below (2 pages) for each primary care physician at your office (for shortage designation purposes, primary care physicians include those with specialties in General Practice, Family Practice, Pediatrics, Internal Medicine, and Obstetrics and Gynecology). Thank you for your participation in this important process.

Physician Information:	
Physician's Name:	Degree: <input type="checkbox"/> M.D. <input type="checkbox"/> D.O.
Office Phone:	License Number (optional):
County:	

1. What is the physician's specialty and (if applicable) sub-specialty?	2. What percentage of the physician's practice is each specialty and sub-specialty?
<input type="checkbox"/> General Practice	% of Practice:
<input type="checkbox"/> Family Practice	% of Practice:
<input type="checkbox"/> Pediatrics	% of Practice:
<input type="checkbox"/> Internal Medicine	% of Practice:
<input type="checkbox"/> Obstetrics/Gynecology	% of Practice:
<input type="checkbox"/> Other (Specify):	% of Practice:

3. At what address does the physician practice?
Facility Name:
Address 1:
City/Zip:
4. How many hours a week does the doctor spend in outpatient care activities here?

5. If the physician practices at other locations, what are those locations, and how many hours a week does the doctor spend in outpatient care activities at each?		
2 nd Facility Name:	Address 2:	
City/Zip:	Hours/Week:	
3 rd Facility Name:	Address 3:	
City/Zip:	Hours/Week:	

6. Is the doctor currently accepting new patients? <input type="checkbox"/> Yes <input type="checkbox"/> No
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7. Does the physician have hospital admitting privileges? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. If "Yes" to question 7, does the physician follow up with patients at the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No

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9. If the physician works less than 40 hours a week in patient care, please provide a brief explanation. For example...

- | | |
|--|---|
| <input type="checkbox"/> Work in the Emergency Room
<input type="checkbox"/> Work at Nursing Homes
<input type="checkbox"/> Administrative Responsibilities
<input type="checkbox"/> Research | <input type="checkbox"/> Teaching
<input type="checkbox"/> Semi-Retired
<input type="checkbox"/> Other (Specify): |
|--|---|

10. It is well known that payment for patients who have Medicaid coverage can create financial hardships for physicians. Is this physician able to accept Medicaid Patients?

☐ Yes ☐ No

If "Yes"...

What percentage of the physician's practice is made up of patients having Medicaid coverage? _____%

If available, please report as a percentage of patient encounters.

Is the physician able to accept new Medicaid patients? ☐ Yes ☐ No

11. Is the office able to discount charges through a sliding fee scale* for low-income patients without Medicaid or other insurance coverage? ☐ Yes ☐ No

*Defined as a general office policy in which fees are dependent on the income of the patient

If "Yes", what percentage of the physician's time is spent treating low-income patients lacking insurance who use a sliding fee scale? _____%

If available, please report as a percentage of patient encounters.

12. Is the physician...

- ☐ Over age 65?
- ☐ A Resident or Intern?
- ☐ A Federal Employee?
- ☐ A J-1 Visa Waiver or H-1B Visa Holder?
- ☐ A National Health Service Corps Employee?

13. Are there any additional primary care physicians at your office? ☐ Yes ☐ No

If Yes, please complete a survey for each additional primary care physician.

After completing the survey, please return to the Michigan Department of Community Health at:

**Shortage Designation Analyst
Michigan Department of Community Health
Health Planning and Access to Care Section
Capitol View Building, 7th Floor
201 Townsend
Lansing, Michigan 48913**

FAX: (517) 241-1200